

NEW JERSEY STATE EMPLOYEES  
DEFERRED COMPENSATION PLAN

PO Box 295  
Trenton, NJ 08625-0295

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BENEFICIARY REQUEST

— F O R P E R S O N N E L U S E O N L Y —

SOCIAL SECURITY NUMBER	SUFFIX
— —	

PAYROLL CENTER

CHECK DISTRIBUTION CODE

PLEASE PRINT      Participant's Name — *First, M.I., Last*

BENEFICIARY DESIGNATION

I hereby designate as my beneficiary(ies) the following named person(s) to receive upon my death the unpaid balance of proceeds due me as the result of my participation in the Plan. Payment will commence as soon as possible after the event. I reserve the right to change this designation at any time prior to my death, in accordance with the Plan's provisions. All beneficiaries are required to have Social Security numbers. Additional beneficiaries may be listed on a separate sheet; be sure the sheet includes all requested information, is signed, dated and notarized.

**Primary Beneficiary** — If any Primary Beneficiary should predecease me, pay that share to all other Primary Beneficiaries.

NAME	ADDRESS	DATE OF BIRTH	S.S.N.	SHARE	RELATIONSHIP
1. _____	_____	_____	_____	_____ %	_____
	_____				
2. _____	_____	_____	_____	_____ %	_____
	_____				

**Contingent Beneficiary** — If all Primary Beneficiaries should predecease me, pay all shares as follows:

NAME	ADDRESS	DATE OF BIRTH	S.S.N.	SHARE	RELATIONSHIP
1. _____	_____	_____	_____	_____ %	_____
	_____				
2. _____	_____	_____	_____	_____ %	_____
	_____				

METHOD OF DISTRIBUTION

If at the time of your death you have not begun distribution from the Plan and you are under normal retirement age, your beneficiary may elect to defer the distribution of the amounts deferred until the year in which you would have attained normal retirement age. The beneficiary must make this election no later than two months following the date of death and, once made it may not be revoked. Upon making such an election, the beneficiary need not select the method of payment, or if selected, may change the method elected no later than one month prior to the date payments are to commence. The beneficiary will receive a lump sum distribution if method of payment is not selected at least one month prior to the date payments are to commence.

If you have separated from employment and are receiving benefits from the Plan, your named beneficiary will receive payment(s), at the event of your death, with the same frequency and for the duration of the period previously selected by you if you have named your surviving spouse as your beneficiary. An exception is the case of payment made to a non-spouse, in which case payments will continue for the same duration as selected by you, but not to exceed five years from your date of death.

In the event of your death, your beneficiary should contact the Plan Administrator for benefit information. If your beneficiary should predecease you, file a new *Beneficiary Request* form with the Administrator. A new *Beneficiary Request* form will supersede all others on file. Please call the Administrator at (609) 292-3605 for any assistance.

REQUIRED SIGNATURE

SIGNATURE OF PARTICIPANT	DATE	
STREET ADDRESS OF PARTICIPANT		
CITY	STATE	ZIP CODE

BENEFICIARY REQUEST CONFIRMATION (Deferred Compensation Use Only)

This is to confirm receipt of this form by the Deferred Compensation Section.

DEFERRED COMPENSATION REPRESENTATIVE'S SIGNATURE	DATE
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